

Consumer Directed Option Waiver Procedure

1. Consumer, consumer's legal representative, consumer's physician, Physician Assistant or ARNP contacts the Assessment Agency to request an assessment for Waiver services. Once the referral is made to the Assessment Agency the assessment will be completed within seven (7) days of the referral.
2. The Assessment Agency will complete the Medicaid Waiver Assessment (Map 351) and Long Term Care Facilities and Home and Community Based Program Certification Form (Map 350). (For consumers new to waiver services or those needing recertification)
3. The Assessment worker shall contact the QIO by phone (800-292-2392) for the level of care (LOC) determination and **concurrently assist the individual in obtaining Medicaid eligibility if applicable.**

The QIO shall notify the requesting Assessment agency by telephone of the LOC determination (verbal LOC) and the coordinating certification number and LOC dates. **The Assessment agency shall document the LOC certification number on the MAP 351, where requested.**

The QIO shall notify the requesting agency, the individual/consumer and the local DCBS Office, in writing, of the LOC determination, that the individual has been determined appropriate for Waiver services and the effective date.

4. The Assessment worker shall fax the completed Map 351 and Map 350 forms to Support Broker within twenty-four (24) hours of receiving the verbal level of care from the QIO. ***At this point, the Support Broker becomes the case manager of record, however Traditional services will continue without change.***

Upon receipt of the Map 351 and the Map 350, the Support Broker sends the Map 10 to the consumer's physician for signature. The doctor signs the Map 10 verifying that the consumer meets level of care.

5. The Support Broker shall contact the consumer/representative in order to schedule an appointment/meeting to determine services that the consumer is requesting and which services are appropriate for the consumer in accordance with the MAP 351.

At the first scheduled enrollment appointment/meeting, the Support Broker, consumer/representative shall utilize the MAP 351 in completing the consumer's Plan of Care (MAP 109). If the consumer is requesting blended services, the Support Broker will also coordinate with the traditional case manager for completing the MAP 109 in regard to the traditional/medical services.

At the time of this enrollment appointment, the consumer shall complete the MAP 2000, "Consumer Rights and Responsibilities" and any required agency forms regarding HIPPA and Confidentiality.

During this appointment the Support Broker shall explain Person-Centered Planning, and Abuse, Neglect, Fraud and Exploitation. The Support Broker shall also explain the causes for termination, appeal rights and Corrective Action Plans. The Support Broker and consumer shall schedule a follow-up appointment.

6. The Support Broker faxes the completed MAP 2000, completed Map 350, completed Map 109 including the Support Spending Plan, completed Map 10 to the QIO (800-807-7840). The Support Broker will fax the completed Map 2000 to the Traditional Provider to document the termination of Traditional Case management. **Map 10 must be submitted to QIO within 30 days of date faxed above.**

Upon receipt of the completed packet, the QIO shall review the request for services for medical necessity. This review shall be conducted within three (3) business days of receipt. **NOTE: If the packet is incomplete or requires additional information, the QIO will notify the Support Broker utilizing a FAXED "Waiver Action Sheet".**

7. At the time of the second appointment, the consumer/representative and Support Broker will identify the consumer's employees and the consumer will provide the Support Broker with completed AOC-PT-49's, Criminal Background Check Forms. The Support Broker will provide the consumer with W-4, K-4, I-9, and all required employment documents. In addition, the employee must complete Abuse, Neglect, Fraud, and Exploitation training (provided by the support broker) and any other training required by the consumer.

The Support Broker will complete the criminal background checks and review the employee's status on the database for Nurse Aides and Home Health Aides to determine if the individual is listed on the database for abuse or neglect. This validation may be obtained electronically through the Kentucky Board of Nursing website at <http://kbn.ky.gov/knar/verifications.htm>. This service is provided by the Board of Nursing free of charge.

Upon receipt of the results from the background checks, the Support Broker will contact the consumer and discuss findings. If the potential employee fails the background check the consumer will be required to secure another employee.

8. Services are Prior Authorized (PA's) to begin by QIO.

Upon completion of any outstanding forms or training services are scheduled to begin. The Support Broker faxes a Map 2000 indicating the date CDO services are scheduled to begin to the Traditional Provider and the QIO.

9. CDO SERVICES BEGIN.